

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

1. Location of well:	County Ellsworth	Fraction 1/4 SW 1/4 SE 1/4	Section number 2	Township number T 17 S R 9W E/W	Range number
2. Distance and direction from nearest town or city: 2n 2e Street address of well location if in city: Lorraine, Ks.			3. Owner of well: Red Tiger Drlg. Co. R.R. or street: 1720 Ks. St. Bk. Bldg. City, state, zip code: Wichita, Ks. 67202		
4. Locate with "X" in section below: Sketch map: N W E S 1 Mile 1 Mile			6. Bore hole dia. 2 in. Completion date _____ Well depth 150 ft. 9-13-77		
			7. Cable tool <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary		
			8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input type="checkbox"/> Stock <input type="checkbox"/> Lawn <input checked="" type="checkbox"/> Oil field water <input type="checkbox"/> Other		
5. Type and color of material			9. Casing: Material _____ Height: Above XXXX 12 in. Threaded _____ Welded _____ Surface _____ RMP _____ PVC <input checked="" type="checkbox"/> Weight _____ lbs./ft. Dia. 4 in. to 150 ft. depth Wall Thickness: inches or Dia. _____ in. to _____ ft. depth gage No. sch 40		
			10. Screen: Manufacturer's name Jetstream Type pvc Dia. 4" Slot/gauze 1/32" Length 40' Set between 110 ft. and 150 ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material 1/8-3/4"		
			11. Static water level: _____ mo./day/yr. 70 ft. below land surface Date 9-13-77		
			12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield 30 g.p.m.		
			13. Water sample submitted: _____ mo./day/yr. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Date _____		
			14. Well head completion: <input type="checkbox"/> Pitless adapter 12 inches above grade		
			15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Concrete Depth: From <input checked="" type="checkbox"/> ft. to 10 ft.		
			16. Nearest source of possible contamination: oil ft. 65 Direction se Type test Well disinfected upon completion? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
			17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other		
(Use a second sheet if needed)					
18. Elevation: Topography: <input type="checkbox"/> Hill <input type="checkbox"/> Slope <input checked="" type="checkbox"/> Upland <input type="checkbox"/> Valley		19. Remarks:		20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Kellys Waterwell Ser 186 Business name _____ License No. _____ Address R2 Great Bend, Ks/ Signed Kelly Price Date 7-30-77 Authorized representative	

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5